

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES**

 PRINTED: 12/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

454 01/26/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445406	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  12/10/2012
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NAME OF PROVIDER OR SUPPLIER

COMMUNITY CARE OF RUTHERFORD

STREET ADDRESS, CITY, STATE, ZIP CODE

 901 COUNTY FARM RD  
MURFREESBORO, TN 37127

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the smoke barriers.</p> <p>The findings included:</p> <p>On 12/10/12 at 3:05 PM, observation within the 'K' hall area next to the Nurses' station revealed there was a 4" by 4" cut-out penetration above the ceiling in the smoke barrier wall.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 12/10/12</p>	K 025	<p>A. The penetration identified was sealed by the Maintenance Department on 12/10/2012 to prevent the passage of smoke. Repair was verified by the Maintenance Director on 12/11/12.</p> <p>B. All other corridor smoke walls in hall areas have the potential of being affected with penetrations when work is being done. An audit of all corridor walls was completed on 12/26/2012 by the Maintenance Department.</p> <p>C. Corridor walls will be inspected by Maintenance Department. Maintenance staff will be inserviced by Maintenance Director on sealing any penetrations after all work is complete. That inservice was completed on 12/28/2012.</p> <p>D. Maintenance Director will report monthly audit findings after a sample of corridor walls are inspected to the Quality Assurance Committee until 100% compliance has been maintained for three (3) consecutive months and will report as needed thereafter.</p>	
K 147 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by:</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

12/13/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

COMMUNITY CARE OF RUTHERFORD

STREET ADDRESS, CITY, STATE, ZIP CODE

901 COUNTY FARM RD

MURFREESBORO, TN 37127

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K 147	<p>Continued From page 1</p> <p>Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <p>On 12/10/12 at 2:15 PM, observation within the 'J' hall ceiling area revealed an electrical junction box without a cover plate.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 12/10/12.</p>	K 147	<p>A. The junction box referenced on "J" hall was actually in F/G Dining Room ceiling area according to Maintenance Director's notes. The junction box, containing only low voltage nurse call wires, was covered by the Maintenance Department on 12/11/2012. Repair was verified by the Maintenance Director on 12/11/2012.</p> <p>B. All other junction boxes in ceiling areas have the potential of being affected when work is being done. An inspection of all ceiling areas for uncovered junction boxes was completed on 12/26/2012 by the Maintenance Department. Any that were out of compliance, were corrected. There was one (1) additional junction box discovered without a cover other than the one cited that contained low voltage wiring.</p> <p>C. Maintenance Staff will be in-serviced by Maintenance Director on replacing covers to ALL junction boxes, whether it's line voltage or low voltage when completing work. That in-service was completed on 12/28/2012. Maintenance Staff will continue to inspect ceiling areas when doing work above ceiling.</p> <p>D. Maintenance Director will report monthly audit findings to Quality Assurance Committee until 100% compliance has been maintained for three (3) consecutive months after a sample of ceiling areas are inspected for uncovered junction boxes.</p>	